

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037003

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO b. COUNTY Lawrence)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pierce City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 503 Elm		Length of stay in 1b 30yrs	d. STREET (If outside, give location) ADDRESS 503 Elm
3. NAME OF DECEASED (Type or print) First Catherine Middle Cecilia Last Roberson			4. DATE OF DEATH Month 10 Day 10 Year 1958
5. SEX FM	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/21/1884
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Barry County, Mo. O
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Martin Flaherty		13b. MOTHER'S MAIDEN NAME Mary Coyne	14. NAME OF HUSBAND OR WIFE Jess Roberson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT Jess Roberson Address Pierce City, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 331 X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw her alive on 10-9-58 Death occurred at 6:20 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles Moore D.O. (Degree, or title)		22b. ADDRESS Pierce City Mo	22c. DATE SIGNED 10-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/14/1958	23c. NAME OF CEMETERY OR CREMATORY St. Patricks	23d. LOCATION (City, town, or county) (State) Pierce City, Mo.
24. FUNERAL DIRECTOR Wm/ J. Wessell ADDRESS Pierce City, Mo		25. DATE RECD. BY LOCAL REG. 10-24-58	26. REGISTRAR'S SIGNATURE ma P. Cook

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 1058-211

DATE REC. 10-30-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed A. Gordon Bennett.....

Licensed Embalmer No. 4213.....

P. O. Address W. M. Bennett, M.D......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.